



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
www.state.tn.us/commerce

Calendar Year _____

**TRUSTEE'S
PRENEED FUNERAL FUNDS REPORT
ON IRREVOCABLE and REVOCABLE TRUSTS COMBINED**

This report is due each year as mandated by Rule 0780-1-48 and must be filed with Burial Services, 500 James Robertson Parkway, 2nd Floor, Nashville, TN 37243, Phone 615-741-5062.

A. Name and location of Funeral establishment from which funds were received in trust under agreement: _____

(Name) (Address)
(City) (State) (Zip) () (Phone #)

B. Name and address of trustee submitting this report:

(Name) (Address)
(City) (State) (Zip) () (Phone #)

C. Date of trust agreement (make separate report for each trust agreement only if consolidated report not practical) _____.

D. Statement of Changes in Trust(s) Balance (consolidated if more than one trust agreement)

1. Beginning Balance	1. \$ _____
2. Received this year in trust	2. \$ _____
(a) Received from establishment	\$ _____
(b) Received from purchasers in payments	\$ _____
3. Earnings realized this year (interest, dividends, capital gains/losses)	3. \$ _____
4. Aggregate distribution	4. \$ _____
(a) Principal	\$ _____
(b) Taxes	\$ _____
(c) Fees	\$ _____
(d) Refunds	\$ _____
5. Ending balance in trust (principal and accumulated earnings)	5. \$ _____
(D1+D2+D3-D4=D5)	

(NOTE: Complete Investment Section and Certificate on Back)

INVESTMENTS

(Show aggregate amount in each sort of investment)

Depository (Bank, S & L, Trust Company)	Investment	Amount
Example: First Bank Example: State Trust Company	Certificates of Deposit U.S. Treasury Bills	\$ 00,000 \$ 00,000
Total funds in trust (should equal line 5)		\$ _____

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TRUSTEE'S CERTIFICATION

STATE OF TENNESSEE

County of _____

I, _____, _____ of _____
(Name) (Title) (Trustee)

serving as trustee of the preneed funeral fund (s) above named and described, being first duly sworn, do hereby state that all information contained in this annual report and all related schedules, is true to the best of my knowledge and belief.

Trustee

By _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My commission expires _____